**Sample Checklist for Training Unlicensed Assistive Personnel**

**To Assist Supervised Students (formerly self-directed) in Taking Their Own Medication**

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| **The individual below has been observed or verbalized their ability to be able to successfully complete the following skills:** | **Initial Training Date/Initials** | **Review****Date/Initials** |
| * Ask the student their name
 |  |  |
| * Locate provider & parent authorization to administer medication and verify student identity by name or photo (if available)
 |  |  |
| * At student’s direction: locate the medication and assist the student if requested to open, remove, pour, or assist with math verification or verification of number entered into a BG meter
 |  |  |
| * Ask the student: the name of the medication, what it is for, how it helps them, and what happens if they do not take it
 |  |  |
| * Match medication label to order for the correct name, medication, and dose
 |  |  |
| * Verbalize that the student will either:
	1. open the container, take out the correct dose and place it in the cup, or
	2. direct the trained staff member to take out the correct dose and place it in the cup (if unable to do so themself)
 |  |  |
| * Observe the student taking medication as prescribed
 |  |  |
| * Return medication bottle to medication cabinet or school nurse (after a field trip) and secure medication per district policy
 |  |  |
| * Provide documentation to nurse that:
	1. medication was taken by the student as prescribed, or
	2. medication was not taken and reason for the omission
 |  |  |

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| --- | --- | --- | --- |
| **RN Initials** | **Print Name** | **RN Signature** | **Title** |
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Name of Unlicensed Staff Member Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Unlicensed Staff Member Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_